

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>	70803	
O.I.P.E. CLASSIFIER	<i>mm</i>	68031	
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Not  
 I ..... In  
 A ..... At  
 O ..... On

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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